

EXHIBIT A

**NYC
HEALTH+
HOSPITALS**

Correctional Health Services
125 Worth Street
New York, NY 10013

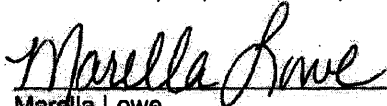
CERTIFICATION OF CORRECTIONAL HEALTH SERVICES RECORDS

I, Marella Lowe, Assistant Director of Medical Records for Correctional Health Services, do hereby certify that the record attached is in custody of and is an accurate and complete record of the condition, act, transaction, occurrence or event of this institution concerning:

Patient's Name: Herbin, Reginald

Book and Case Number: 349-16-07102

I further certify that the record was made in the regular course of business of this institution and it is the regular course of business of this institution to make such record, and such record is made at the time of the condition, act, transaction, occurrence or event, or within a reasonable time thereafter.



Marella Lowe
Assistant Director of Medical Records
Correctional Health Services
Date: 10/19/2016

EXHIBIT B



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Thomas Farley, MD, MPH
Commissioner

Division of Health Care Access & Improvement
Bureau of Correctional Health Services
Clinic Administration
Medical Records Unit

~~100 Water Street~~
~~New York, NY 10041~~

55 Water Street
New York, NY 10041

Request for Release of Medical Information

I request a copy of my entire medical record: ---

Name: Herbin, Reginald
Last First (Middle Initial)

AKA: _____

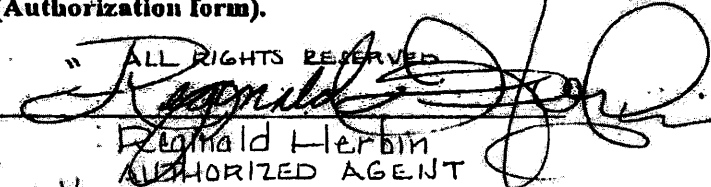
Book & Case Number: 349-16-07102

NYSID Number: 06412624K

Date of Birth: 05 / 29 / 1965
Month Day Year

Housing Facility: R.N.D.C. 6U19 NORTH

If you would like for your medical record to be sent to any other parties, please fill out a HIPAA release form (Authorization form).

Patient Signature: 
Reginald Herbin
AUTHORIZED AGENT

Date: 09 / 29 / 16
Month Day Year